

JACOB SILVER

Attorney at Law

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BANKRUPTCY CHECKLIST

Chapter 13

Chapter 7

Client Name

Social Security Number

Interview Date

Co-Debtor Name NONE

Social Security Number

County of Residence

Address - Including Apt.#

Lived at this Address for Over 6 Months? No Yes

Home Telephone Number

Work Telephone Number

Cell Phone Number

E-mail Address

Lived in New York State for Over 2 Years? No Yes

Have you Ever Filed Bankruptcy Before? No Yes

Are You: Single Married Divorced Separated Name of Spouse: _____

Does Anyone Else Live with you in your Home? No Yes

List their Name, Sex, Age, and Relationship: _____

Do Any of them Regularly Contribute to the Support of your Household? No Yes

Did You Ever Own a House Land Co-Op Condo Timeshare
 NONE

Names of Owners: _____

Property Address: _____

Purchase Price: _____

Date Purchased: _____

Current Market Value of the Property: _____

Total First Mortgage Amount: _____

Second Mortgage Amount: _____ Date of Second Mortgage: _____

Do you want to Keep this Property? No Yes

Did anyone Ever put your name on a real property deed? No Yes

Did you Ever Co-Sign a Mortgage or Loan for anyone? No Yes

Do You: Own or Lease a Vehicle? NONE: Year & Model _____

Name & Address of Creditor: _____

Purchase Price: _____ Vehicle Mileage: _____

Date Purchased: _____

Current Market Value of the Vehicle: _____

Total Amount of Lien on the Vehicle: _____

Do you want to Keep this Vehicle? No Yes

Do you have a Pension Plan Retirement Plan 401K IRA? NONE

How much Money in Total is in All of your Bank Accounts? \$ _____

List the Names of All Banks in which you have Bank Accounts. _____

What is the Most Amount of Money you had in Any Account in the Last Two Years? ____

Do you Have More than \$100 in Actual Cash? No Yes Amount \$ _____

Have you Closed any Checking accounts, Savings accounts, or CD's or Any other Accounts in the Last 12 Months? No Yes

Bank Name & Address, Date Closed, Account# & Closing Balance: _____

Do You Own a Boat or Taxi Medallion or Radio Rights? No Yes

Are you Expecting a Tax Refund? No Yes, I Expect \$ _____

Does anyone Owe You Money? Or Are you Owed Any Commissions or Fees or any Annuities, or otherwise expect any other Payments for any work that you did in the past? No Yes

Do you have a Safety Deposit Box? No Yes in Bank: _____

Do you have A Life Insurance Policy? Term Whole Life (cash value) NONE

Do you own Any Stock or Bonds or CD's or Partnerships? No Yes _____

Do you own any Patents or Copyrights or Licenses or Franchises? No Yes

Do you expect to Receive any Inheritance, or anything of value? No Yes

Are you Holding any property that belongs to Another Person? No Yes

Were there any Businesses that you were the Director, Partner, Officer or Managing Executive or any other ownership within the last Six Years? No Yes

List Business Name, ID# & Address: _____

Did you make any payments to any One Creditor more than \$600 within the last 90 days? No Yes _____

Did you make any payments to One Family Member more than \$600 within the last year? No Yes _____

Did you Ever Transfer Any Money or Assets or Give any Gifts or Have any **Gambling or other Losses** over \$2,000.00? NONE _____

Are You Suing Anyone for Any Reason? No Yes _____
ie. A Claim for Personal Injury or Property Loss? Name of Attorney _____

Is Anyone Suing You? No Yes _____

Did you Transfer or sell any Property or Stock within the last Six years? No Yes

Did anyone Repossess anything of yours, or did a Bank take any Money from your account against a Debt that You Owed? No Yes _____

Did you ever Lie on any of your Credit Card or Loan applications? No Yes

How much in Total did you Charge in the Last 6 months on Credit Cards? \$_____

EMPLOYMENT INFORMATION:

Are you Currently Employed? No Yes Years Employed at This Job:_____

Address and Name of Employer: _____

How much did you earn so far This Year? _____ Job Title: _____

How much did you earn Last Year? _____ The Year Before? _____

CLIENT'S SECOND INCOME No Yes OR SPOUSE INCOME No Yes

Are you Currently Employed? No Yes Years Employed at This Job:_____

Address and Name of Employer: _____

How much did you earn so far This Year? _____ Job Title: _____

How much did you earn Last Year? _____ The Year Before? _____

MONTHLY PAY STUB INCOME

CLIENT'S INCOME:

SPOUSES INCOME:

Monthly Gross Income: _____ NONE

Payroll Taxes & Social Security: _____

Insurance: _____

Union Dues: _____

Other Deductions: _____

OTHER MONTHLY INCOME:

Do You Receive Other Income? \$ _____ NO OTHER INCOME

- Child Support Alimony Unemployment Social Security/Govt. Assistance
 Pension/Retirement Payments Rental Income Workers Compensation
 Food Stamps

TOTAL NET INCOME: _____

MEANS TEST ANALYSIS

INCOME RECEIVED FOR THE LAST SIX MONTHS:

1. I Received one Paycheck Every _____

2. Each Paycheck was in the Gross amount of _____

3. Any Other Income Received Per Month _____

OR - NO OTHER INCOME

OTHER INFORMATION:

Who Referred you to this Law Office? _____

I Certify that all information is True and Complete. **SIGN HERE:**x _____

Total Legal Fee & Expenses: _____

MONTHLY EXPENSES

Rent or Mortgage: _____ Homeowners/Rental Insurance: _____

Electric, Gas, Heat: _____ Life Insurance: _____

Water & Sewer: _____ Health Insurance: _____

Telephone & Cell: _____ Auto Insurance: _____

Home Maintenance: _____ Car Payments: _____

Food & Restaurant: _____ Child Support: _____
Court Ordered? No Yes

Clothing: _____ Support for Dependents: _____

Laundry & Dry Cleaning: _____ Child Care Expenses: _____

Medical & Dental Expenses: _____ Educational Materials: _____

Public Transportation: _____ Job Related Expenses: _____

Car - Gas, Oil, Repairs _____ Hair Care and Makeup: _____

Recreation, Magazines: _____ Cable TV and/or Internet: _____

Charity: _____ Baby Supplies: _____

Child Visitation Expenses: _____

Other Expenses (List): _____ Toiletries: _____ Pets: _____

TOTAL EXPENSES: _____

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advocate@mindspring.com

Re. Attorney Consultation

Dear Sir or Madam:

I am the experienced bankruptcy attorney available to help relieve you of dischargeable credit card debt, loans, and taxes. I have been approved by many legal bar associations and legal services providers as a qualified attorney. I am the attorney who is authorized to give you the fee discount to which you are entitled.

Even if you have assets, you may keep all or some of your assets in bankruptcy. I am dedicated to representing you at a very reasonable cost. I will protect you from creditors and I will provide you with the resources to help you rebuild your credit after bankruptcy.

Let me work with you to help you with these difficult financial issues. Please call me to set up your Free Consultation. If I am unavailable, please leave your name and telephone number and cell phone number, and I will contact you as soon as possible.

The changes to the Bankruptcy Law from the Bankruptcy Abuse Prevention & Consumer Protection Act of 2005 (BAPCPA), require that I obtain a substantial amount of documentation from you before filing your bankruptcy case.

I understand that you may feel that this information request is burdensome. However, it is necessary under the law, and I assure you that this information will ensure that your bankruptcy petition is properly prepared. Your efforts in obtaining these documents for me, helps ensure that you will receive the bankruptcy discharge of your debts.

Please feel free to review my website for more information regarding the bankruptcy process.

Very Truly Yours,

Jacob Silver

When you come to my office, Please Bring in the Following:

1. Photo Identification and Social Security Card. If you do not have your social security card then bring another form of identification card that has your social security number on it, such as some employer identification cards, union cards or medical insurance cards. No Yes

2. The enclosed Bankruptcy Checklist should be completely filled out. Make sure to list all of your monthly expenses. For example, if you spend one hundred dollars per week on groceries and you buy lunch at work every day, then your monthly food bill may be approximately five hundred and fifty dollars. Don't be afraid to list even higher numbers that reflect your actual expenses. No Yes

3. One new or old bill from each creditor that you have. If you are missing a bill, then try to get the name and address and amount owed to that creditor. No Yes

4. ALL Pay Stubs from each Job, that you and your spouse have received for the Last Sixty Days. If you are self employed, then bring in documents showing your income. If you do not have your pay stubs, you may have your employer complete the enclosed Employer Income Verification Form. No Yes

5. Obtain a list of the amount of monthly income that you have received for Each Month, for the Last Six Months. No Yes

6. Bring bills that verify the amount that you pay monthly on rent, utilities, and other large expenses. No Yes

7. Obtain your Most Recent Federal Tax Return. If you misplaced it, then order a free Tax Return Transcript from the IRS, by calling (800) TAX-1040 or by filling out the IRS form f4506t. You may have the IRS fax the tax transcript to my fax number. You must have filed your most recent Federal tax return to be eligible to file for bankruptcy. No Yes

8. If you owe the IRS Taxes, then Call them at (800) TAX-1040 and order the free MFTRA (pronounced "MIFTRA") printout for each of the years that you may owe taxes for. Your taxes may be dischargeable. This will tell you exactly how much you owe in taxes. No Yes

9. If you own a Car or other Vehicle, bring in a document that lists the name and address of the lender, along with the total amount that you still owe to the lender and the number of monthly payments remaining on the vehicle. Print out the vehicles blue book sale value at <http://www.kbb.com>. No Yes

10. If you own a house or other real estate, bring in a mortgage document that lists the name and address of the lender, along with the Total amount that you owe to the lender, as well as any appraisal showing the value of the property. No Yes

11. If you have any Life Insurance Policies that have a Cash Value (also called Whole Life Policies), then contact them and find out how much the cash value is and whether there is a penalty for withdrawing the funds. No Yes

12. Bring in One Bank Statements for Each Bank Account such as each Savings, Checking, or CD's that you have. No Yes

13. Please bring all Debt Collection Letters that you received from collection agencies and attorneys, to my office. I will evaluate whether you may sue the collection agency or their attorney and collect money from them. No Yes

14. You are required to complete a pre-bankruptcy credit counseling class either over the Internet, Telephone, or In Person, before filing for bankruptcy. Bring in your completion certificate to my office. You may choose from the list of certified providers available on my website. No Yes

15. After you have filed for bankruptcy, you will also be required to complete a post-bankruptcy financial management class. You may choose from the list of certified providers available on my website.

Office Location:

**My office is easily accessible on Court Street in Downtown Brooklyn.
My office is on Court Street Between Remsen and Montague Streets,
near the Borough Hall and Jay Street Train stations.
Borough Hall Station - 2, 3, 4, 5, M, R Trains.
Jay Street Station - A, C, F Trains.**

Detailed directions to my office are listed on my website.

Providing me with these documents ensures that I will have all of the information that I need at our consultation to understand your particular situation, and to develop a plan that can best meet your individual needs. If you need another copy of the enclosed documents or otherwise need more information, please feel free to review my website at www.silverbankruptcy.com.

Very Truly Yours,

Jacob Silver

EMPLOYER INCOME VERIFICATION FORM

Use this form if you cannot obtain All of your pay stubs for the Last 60 days.

If you are Self Employed, then You may sign this form yourself.

Name and Address of Employer: _____

Name of Employee: _____

The above named individual is our employee.

The following is a list of all income received by this employee, for the Last Sixty Days.

For the Last Sixty Days, the above named employee:

1. Received one Paycheck every: _____

2. Each Gross Paycheck was in the amount of:

3. It is further anticipated that if the above named employee remains employed, the salary earned for the next six months will be at the same rate.

Dated: _____

Affirmed By:

EMPLOYER - Signature

Fax this form or a Payroll History.

Fax To: Jacob Silver, Esq. (718) 797-4141